

CHEMIST & DRUGGIST

The newswweekly for pharmacy

January 31, 1987

a Benn publication

DHSS against
splitting
contract package
— Scots held up
by UK legal
hitch with Bill?

RDC wants final
decision on new
rural contracts

Launch date
delay for OTC
hydrocortisone

Industry still
committed to OPD
— by July 1988

CDA advice for
accident prone

Three new
PSNI Fellows

Argyll take in
Safeway to top
up market share



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Tosara would like to take this opportunity to thank David Anthony Pharmaceuticals Limited of Liverpool for their efforts over the past years.

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Please address all trade enquiries to Pharmax HealthCare Limited, Bourne Road, Bexley, Kent DA5 1NX. (Telephone: Dartford (0322) 91321).

 **Tosara**

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Incorporating
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Editor:

John Skelton BPharm, MPS

Assistant Editor:

Patrick Grice BPharm, MPS

Features Editor:

Steven Titmarsh BPharm, MPS

Technical Editor:

Robert Darracott, BPharm, MPS

Contributing Editor:

Adrienne de Mont
BPharm, MPS

Business Editor:

Nia Williams, BA

NPA Reporter

Liz Hunt BPharm MPS

Beauty Reporter:

Frances Quinn, BA

Art Editor:

Jack Parker

Price List Controller:

Colin Simpson

Advertisement Manager:

Peter Nicholls JP

Assistant Advertisement

Manager:

Doug Mytton

Production:

Shirley Wilson

Publisher:

Ronald Salmon FPS

Director:

Christopher Leonard-Morgan

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4427 North East and North West: Graeme
House, Chorlton Place, Wilbraham Road,
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COMMENT



Contract confusion seems to be the order of the day just when sanity should prevail. In order to implement the "new contract" in the UK the Government had first to pass the NHS (Amendment) Bill — to modify the three Acts regulating the three parts of the NHS community: England and Wales; Scotland, and Northern Ireland. Each health department then conducted independent negotiations with the bodies elected to represent contractors.

The Pharmaceutical Services Negotiating Committee was the first to get draft guidelines and regulations to the new contract followed by the Pharmaceutical General Council in Scotland and, last week (p113), the Pharmaceutical Contractors Committee in Northern Ireland. So far PSNC has not managed to agree on either the "rules" or the "money" with the DHSS; the PGC appears to be on the verge of agreeing on both, and the PCC has not yet had the opportunity to do anything.

The new surprise element in the debate is the Scottish notion that the three differing but complete contract packages must be introduced simul-



taneously, or not at all, because of the way the NHS Bill has been constructed. However, the DHSS apparently believes unilateral introduction is possible.

So far all PSNC it has to offer its contractors is limitation of entry and no cash deal — and it proposes to proceed into the new 1987-88 financial year on that basis. Catch 22 is that the DHSS says this is likely to be unacceptable and appears to be insisting that the financial package agreed back in 1985 (C&D, May 25) must stand.

If PSNC gets a mandate from its LPCs to stick out for a revised compensation package with new monies for new roles then it could find itself isolated unless the Northern Irish take a similar view when they get chance to debate and negotiate.

Back in 1985 the then Minister for Health Kenneth Clarke announcing the new contract with its limitation of entry, and regulation by a mix of financial attrition and compensation, said that there was no point in paying people who were surplus to the NHS. "Our only consideration is what does the NHS get out of pharmacy that is of benefit to the patient."

The Government's view of "NHS surplus" is unlikely to have changed. If, as has been suggested by PSNC this week (p152) they may be prepared to fund the compensation scheme themselves pending a new monetary agreement with the DHSS, then they may as well implement the 1985 agreement on April 1 and have done with it. If closures, compensation and regulation in the right proportion do not occur then neither side will let the package go unaltered.

The much vaunted secret negotiations seem to have stuttered to a halt. It is a time for openness, clearthinking and stout hearts. And above all, concerted action at the LPC Conference.



Scottish protest over PSNC contract 'delay'

The new contract is unlikely to be introduced in Scotland on April 1 unless the Pharmaceutical Services Negotiating Committee reaches agreement with the Department of Health in London. Scottish pharmacy negotiators discovered last week.

The NHS (Amendment) Act, which makes provision for the new contract, replaces both section 42 of the NHS Act 1977 (affecting England and Wales) and section 27(2) of the NHS (Scotland) Act 1978. Until regulations are approved both North and South of the Border, the Secretary of State will not sign the order giving effect to the Act on a particular day, otherwise there will be a legislative vacuum.

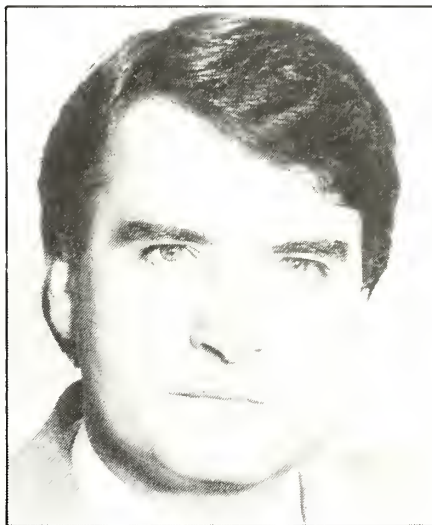
The Pharmaceutical General Council was made aware of the situation during talks with the Scottish Home and Health Department last week. The fact that the control of entry part of the contract package would have to be introduced simultaneously in both Scotland, and England and Wales appears to have been overlooked by the PGC until now.

The PGC, which has been making steady progress in its negotiations, is alarmed at the latest development. Chairman Ian Mullen has made a strong attack on the "faction within the PSNC whose irresponsible actions could scupper the new contract at the last moment".

Mr Mullen said his Council was gravely concerned that a move within the PSNC to reject the financial package on the new contract would almost certainly result in the Government shelving plans to lay the regulations before Parliament on February 20. This, in turn, could mean the contract would not be enacted in the lifetime of the present Parliament, he said.

The PGC has felt compelled to issue a statement divorcing Scotland from the position the PSNC would find itself in if the move to reject the financial package were successful at PSNC's meeting on February 8.

Mr Mullen said the remuneration package planned for April 1 for Scottish contractors was in an advanced stage of negotiation. "We have also had discussions with the SHHD on the number and type of surveys required to operate the new system in successive years. We have also negotiated details of the compensation scheme to come into effect



PGC chairman Ian Mullen

on April 1. Negotiations for essential small pharmacies are at a final stage. We are pressing the SHHD to produce an acceptable solution to an extremely complex problem."

Mr Mullen, however, warned of the consequences to Scotland of a rejection of the financial package by PSNC.

"Constitutionally Scotland is inextricably linked with England and Wales in the announcement of the new contract. If legislation does not go ahead in England and Wales it cannot be implemented separately in Scotland.

"Although I accept and share the genuine concern of the PSNC that a cut-off date is not specified in the legislation, it is quite unrealistic to imagine that in negotiations on an overall package contractors, at this late stage, can choose to accept only the contract limitation aspect," he said. "Scottish contractors will be rightly annoyed if implementation is delayed at the eleventh hour because of difficulties not of their making."

Unlike PSNC, the PGC has not sought to include the "stage two" items (settlement of the nil discount items, fee related to period of treatment, an additional pharmacists allowance) in its negotiations. Mr Mullen feels it is unrealistic to expect these issues to be settled before the regulations are supposed to be laid at the end of February. Nor does he think the Government will settle for introduction of control of entry without a change in the remuneration structure, as PSNC have proposed (see C&D p112 last week).

DHSS against splitting contract package

The Department of Health does not want to see the control of entry and the remuneration parts of the new contract implemented separately. "We are still negotiating, but do not want to separate the two," a spokesman said this week.

PSNC proposed last week (C&D p112) that since it has been unable to reach agreement on a financial package, control of entry should be introduced and the present remuneration system retained until a settlement was reached. No progress was made at a further meeting last week.

PSNC is considering offering a compensation scheme of its own, in lieu of that proposed by the Department, to support its proposal that control of entry should be introduced as soon as possible. "If we were to retain the present

remuneration structure the number of contractors taking compensation would be small, and we could fund that ourselves out of the balance sheet, then operate the DHSS scheme from next year," suggested PSNC financial executive Mike Brining.

The DHSS attitude is that it wants to implement the package agreed in 1985, without taking account of the distortions caused by 18 months of delay, he said.

Because of the delay, PSNC sought last Autumn to include additional items in the package — an additional pharmacists allowance, fee related to period of treatment, etc — and to renegotiate parts of the compensation scheme to take account of the large number of new openings in the intervening period. The Department has yet to respond to these proposals. Nor has it bowed to PSNC's insistence that a cut-off date be included.

PSNC has also been seeking to include a special clause in the enhanced Essential Small Pharmacy Scheme, which would allow any pharmacy considered necessary and desirable, and dispensing less than 16,000 scripts a year and is within 2km of another, to join the scheme.

The Department does have the power to impose a settlement if it desires, but, it is understood, would not like to do so on such a major issue. PSNC believes the DHSS should content itself with getting control of entry into operation, from where the greater part of the planned NHS savings will be derived. This would give both sides a breathing space to discuss the financial implications of Nuffield and the Primary Health Care paper.

'Reject contract' says City LPC

A City & East London LPC resolution that the contract should be rejected out of hand as it now bears so little resemblance to the original envisaged in 1985 heads the agenda for the LPC conference in February.

Motions from Gateshead, Coventry and Somerset LPCs oppose any attempt by the DHSS to raise the under-cost reimbursement level above 16,000 scripts a year.

Salford LPC suggests that under the new contract a contractor relinquishing his contract should be able to claim compensation based on the best of three financial years prior to termination. Dorset LPC proposes an additional scheme funded by PSNC to compensate contractors forced out of business for reasons beyond their control, and extra to any Government compensation.

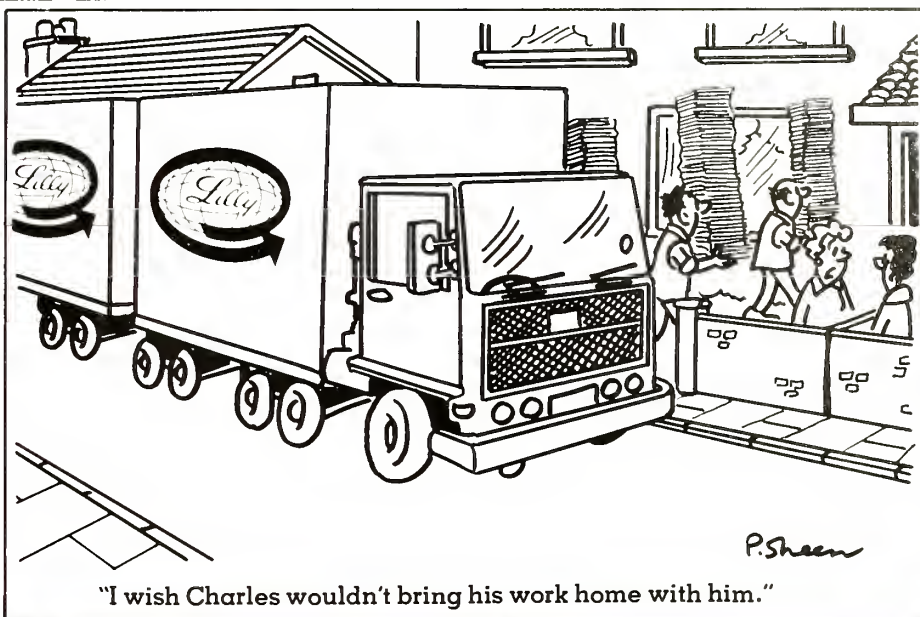
Kent LPC urges an early reintroduction of a Basic Practice Allowance. St Helens & Knowsley demand that, due to the failure of the Government to provide a new contract, a 1983 motion recommending a further increase in BPA to help bring about rational location, should be implemented immediately.

Oxfordshire LPC is calling on PSNC to re-establish some form of remuneration for the advisory role of the pharmacist. Liverpool LPC urges PSNC to strive to retain the differential payable to those in receipt of a BPA, and deprecates the legitimisation of leapfroggers under the new contract.

And Suffolk and St Helens & Knowsley LPCs call for action on either a fee related to period of treatment, or limiting the prescribing period to 28 days. Cumbria and Wirral LPCs condemn the unilateral action by the DHSS in the adjustment of the Drug Tariff to under-reimburse "branded" generics.

Lincolnshire LPC feels the one mile limit applied to rural pharmacies no longer represents the distance which might be considered to inconvenience a patient, and says PSNC should seek to increase the radius to three miles.

Kensington, Chelsea & Westminster LPC seeks assurance that the new contract will contain measures to ensure higher standards in premises, linked to remuneration. Middlesex and North Tyneside LPCs call for additional money to allow for role extension as proposed in the Nuffield Report, and rejects any attempt to fund this at the expense of the dispensing role.



Appeal win in Opren claim

The Opren Action Group, formed to fight the 1,400 claims for compensation against Eli Lilly, makers of the now-banned arthritis drug, won its appeal in London last week (C&D p140).

Three judges unanimously allowed an appeal against a High Court judge's decision last July which had banned Charles Medawar, who has played a vital role as co-ordinator, from seeing confidential documents disclosed by Lilly on pre-trial discovery. Lilly have made 1.2million documents available for inspection at their UK headquarters in Basingstoke, but refused access to Mr Medawar, objecting that he was a journalist who had published material "highly critical" of the drug industry.

The Master of the Rolls, Sir John Donaldson, sitting with Lord Justice Ralph Gibson and Lord Justice Bingham, said Mr Medawar had played a "pivotal role" in helping to co-ordinate more than 1,000 negligence actions.

Lilly had submitted that journalists had "different standards" from other

professions because their whole *raison d'être* was to publish, and their duty to inform the public would override all other considerations. But Sir John said: "I would not accept that a journalist who accepts information under the seal of confidentiality is any more likely than anyone else to breach that confidentiality."

"He is a writer with a specialist interest in the pharmaceutical industry. He may be an unwelcome critic but I can find no evidence that he is a fanatic or likely to breach the duty of confidentiality," he added.

Mr Medawar agreed to give undertakings to the court not to use confidential information gained from Lilly's documents for any purpose other than the Opren litigation, and not to publish anything about Opren or Lilly's role in its marketing and licensing without giving them 28 days notice. The second undertaking is to remain in force until December 31, 1992 unless varied by the court.

It has been feared that if Mr Medawar was not allowed access to the papers, it could have caused a significant setback and possible delay to the actions, many of which involve the elderly. Lilly were refused leave to appeal but can apply direct to the House of Lords.

PSNC's Tweedie to resign?

Chairman of the Northern Region Contractors Committee Allen Tweedie is threatening to resign from PSNC in order to speak at the LPC conference — as a Committee member is currently unable to speak under standing orders.

In a survey of attitudes to the contract last week, only four out of 130 replies

received wanted the contract packaged as agreed in 1985.

The remainder, according to Mr Tweedie, were only in favour if the additional items sought by PSNC such as an additional pharmacists allowance, fee related to period of treatment were conceded by the DHSS. "Unless we get the items in stage two we are being ripped off," Mr Tweedie said.

Jenks Brokerage will not distribute Hermeset sweets rather than Crookes Products, as previously.



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HOTLINE



RDC wants final decision on new rural contracts

All applications for pharmacies in rural areas should be submitted to the Rural Dispensing Committee, irrespective of any decision by the proposed pharmacy practice subcommittee.

In its third annual report, the RDC says it was concerned that where a PPSC or Appeal Panel decided that a proposed rural pharmacy was neither necessary or desirable, the RDC itself would cease to have any locus. The RDC acknowledges that grafting a new system of control onto an old one would present difficulties, but says that if the proposals are implemented without change, any guidance issued should make it clear that "the independent consideration by this Committee of applications referred to it was not pre-empted in any way by the judgment of the PPSC". The RDC says it has been assured that it will be able to comment on any revised proposals.

The annual report covers the year to March 31, 1986. In the foreword chairman Sir Alan Marre says that the year saw proportionately more applications from pharmacists for preliminary consent, a change which may have something to do

with the new contract proposals. Overall, applications were down 10 per cent.

Sir Alan also says that the Committee has now decided that the time has now come to survey the actual results, to determine whether the consequences foreseen in deciding applications have, in fact, been realised. A short questionnaire has been issued to FPCs which have submitted applications, and the results of the Committee's findings will be included in the next annual report.

During the year, the Committee received 39 applications from pharmacists, three times the previous year's figure, and two were brought forward. Of these, 23 were granted, 11 refused, four withdrawn and three were still to be decided on March 31. Appeals were lodged with the Secretary of State on 24 decisions; the RDC's decision had been upheld in 12; 12 had yet to be decided.

The year also saw 56 applications from doctors for outline consent, down 40 per cent, and 27 applications were brought forward. Of the total, 49 were granted in full, 10 in part only, 11 refused and six remained to be decided. Of 16 appeals, the Secretary of State had upheld the RDC's verdict in five, reversed it in three, with eight remaining.

The RDC was also notified of 66 decisions reached by FPCs on rurality. Appeals were received in 18 cases, and 10 appeals were brought forward from the previous year. Since then seven had been rejected, two upheld and seven upheld in part.

be treated as a trade receipt when an NHS contract is surrendered at one branch of a multi-branch business that is regarded as one trade, and at most single branch businesses where other retail sales continue.

"Where there is complete cessation of trading we would accept that the compensation for the surrender of the NHS contract should be properly categorised as a capital sum derived from an asset, so that a chargeable gain will arise by virtue of Section 20 of the Capital Gains Tax Act 1979," the letter concludes.

Mr Brining, PNSC financial executive, says that though the contract agreement specified that compensation would be offered to pharmacies which dispensed fewer than 16,000 prescriptions in 1985/86, the delay in implementation has led to a spate of leapfrogging resulting in other pharmacies falling below the cut-off point in 1986/87. "PSNC has pressed the Department to extend the compensation scheme on an ongoing basis, but it has taken a totally inflexible view which cannot be in anyone's interest."



Pharmacists Valerie Fox wins a holiday for two on the Venice-Simplon Orient Express. Mrs Fox, a pharmacist at Raydales in South Shields, Northumberland, is pictured with Paul Stephens, sales director of sunglass distributors Marby Lloyd who organized the competition which involved matching sunglasses with faces

OPD conversion by July 1988?

A large majority of pharmaceutical companies are willing to aim to convert to original pack dispensing by July 1988.

That is one of the conclusions of a survey into OPD conducted by the Association of the British Pharmaceutical Industry. Responses to a questionnaire of 66 companies, representing 85 per cent by sales of the prescription market, 64 accept the general principle of OPD. And 37, representing three-fifths of NHS sales, did so unreservedly.

This renewed commitment has prompted the ABPI's board of management to move forward to the general introduction of OPD.

The problem of the 28 or 30 day treatment period "month" is still unresolved, but the board has recognised that only by retaining this flexibility could the majority of manufacturers complete the transition to OPD in a reasonable time.

About 70 per cent of companies responding said the ABPI should continue to urge the DHSS to take advantage of the opportunities OPD will offer for individual product pricing through detachable bar-coded stickers. But the board's view is that OPD should now await agreement on reimbursement procedures, but companies should be prepared to provide detachable stickers on packs within a reasonable time after agreement on their use.

Some 57 of the responding companies believed completion of OPD should follow a defined timetable. The Association has specified July next year to tie in with the need for clear identification of manufacturer that will be required by the coming strict product liability legislation.

IR details tax on compensation

The Pharmaceutical Services Negotiating Committee has received details of the tax treatment of pharmacists who opt for compensation under the new contract agreement.

According to the Inland Revenue, the tax treatment of compensation received will depend on the facts of each case. The Inland Revenue says that the most relevant case law asks: "Is the whole capital structure of the trade affected, or does the loss of the contract fall short of that, with compensation for a mere restriction of the trading opportunities." So compensation would be treated as a capital receipt only if the loss of the NHS contract virtually brought to an end the entire trade, so that the whole capital structure of the trade was affected.

In practice, the Inland Revenue says, this would mean that compensation would

AIDS priority for Alliance

In a policy document re-launching the SDP-Liberal Alliance, Mr David Steel and Dr David Owen underline the need to ensure that "the NHS is equipped to prevent an AIDS epidemic"

They give full backing to publicity efforts aimed at preventing the spread of AIDS, and promise adequate funding for research, and treating victims.

The two leaders rule out further NHS reorganisation on the grounds that a period of stability is required after changes made in the 1970s and 1980s.

The document also states it would give health authorities more scope to respond to the needs of the communities they serve by promoting innovation and by decentralising financial and administrative controls to districts.

The Alliance reaffirms that no action would be taken to ban private medicine, but a "patients charter" would ensure publicly funded services are devoted to NHS patients, and that there is no "queue jumping" by private patients. They also renew their commitment, to bringing regional health authorities under the democratic control of regional assemblies, with district health authorities ultimately subject to local democratic control.

School test fails

Larkhall Laboratories are being asked to drop their advertisement for vitamin supplements by the Advertising Standards Authority.

The advertisement, which appeared in *Here's Health*, headlined "Supplements pass the IQ test", gives details of a 12-week trial at a Wrexham High School, and concludes that achievement is related to good diet and supplements can help low achievers. The complainant said the claim lacked firm evidence, and fell short of standards required by scientific research. Although Larkhall produced details of the trial and pointed out that the advert was written by magazine staff, the ASA backed the complaint and requested withdrawal.

More PL(PI)s

Whitworth Pharmaceuticals

PL/4423/0153	Mysoline tabs	Primidone 250mg
PL/4423/0081	Seloken Durettes	Metoprolol tartrate 200mg

A dead duck

I despair. After two years, a realistic look at the present state of pharmacy disposes me to recognise the value of the "new" contract is subject to the law of diminishing returns.

From a Government point of view, having allowed all the "gains potential" in the swift implementation envisaged at the beginning to be dissipated, there are no gains left. Why should they hasten any more to restrict intake when, if the contract were instituted tomorrow, there would be a thousand more pharmacies than when the scheme was agreed? They hoped to see a loss of between three to five hundred of the genuinely uneconomic ones closed, or relocated in areas where a need existed. And if, under the terms of the contract, there are the substantial losses the Government wanted in the first place, we will be looking for compensation for 1,300-1,500 sets of premises!

Dorbanex

Only last month saw us hastening to remind GPs they could not order Dorbanex, only co-danthramer. We finally got that sorted out with the receptionists and what do they do? Take the stuff off the market. And why? Because rats fed on it — no doubt in doses wildly in excess of any potential human dose — in some cases developed tumours.

If you fed practically anything to the wretched animals in excessive doses the poor creatures would be bound to become ill. What would happen if you gave them in excess salt, coffee, tea, bran, cascara or alcohol? Having said that, I realise it was the makers themselves who took the decision, and must assume there was a potential demonstrated to them which made their decision inevitable, honourable, and very costly.

New roles . . .

We can all see some point, perhaps, in being permitted to leave our pharmacies during the time when we are contracted, and therefore strictly obliged to be present on site. I suspect if we are honest we might, any one of us, admit to having absented ourselves on occasions.

I get my hair cut next door when the hairdresser and I are both quiet, since proximity means I am instantly available. Nor do I make apology for the rare times when I have to leave the pharmacy for urgent deliveries like oxygen, when asked to by our local GPs. But it would be nice if

this could be legitimised. I like the Society suggestion that during quiet times we might be able to suspend our contract requirements to allow a bit of leeway. The snag, so far as I am concerned, is how to ensure the quality of service in one's absence. In the new, small essential community pharmacies envisaged in the controlled wider distribution plan, this may pose real problems.

On the level?

Fascinating to read of the withdrawal of batches of ointments containing lanolin from the German market because of unacceptably high levels of residual pesticides. This ties in with the findings of a friend of mine who practices a highly specialist form of acupuncture/homoeopathy. He has been demonstrating beyond reasonable doubt the presence of these substances in human tissues in his patients, and concentrated in some organs and bone. In his view they are responsible for many cases of inexplicable malaise. These patients go to him in desperation after years of being told: "It's in the mind" or "Snap out of it."

Exchange plan

The BMA has approved of a plan under which pharmacy preregistration students spend a day in a GP practice, and trainee GPs spend a day with a retail pharmacist. A nice idea. I'd go further and suggest trainee receptionists spend two or three days in a busy pharmacy, where if they didn't already know, they could be shown how to write a decent script. At the same time they would gain an enlightening insight into how we tick . . .

Prisoner

What a lovely article last week about Cedric Spencer who is head prison pharmacist. I liked the tales of his patients: the notorious poisoner whose propensities made the Governor of Parkhurst worry about harmless fungi growing on the lawn, and the bank robber who was concerned about the change from stockings to tights in case it might affect his traditional disguise, after he came out. But best of all I enjoyed the advertisement by Sleath concerning pharmacy insurance which, for some reason, showed a typical prison pharmacist busy dispensing. I hadn't realised until I saw that illustration how seriously they took security. I never realised prison pharmacists had to chain their right hand to their left! . . .

Chemist & Druggist 31 January 1987



share of the soluble analgesic market in its first year. The television cartoon advertisement features Humpty Dumpty who recovers from his "great fall" with the aid of Junior Paraclear brought to him by a troop of the King's Men. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.*

Pharmax are taking over the sales and distribution of Tosara's Sudocrem antiseptic cream from David Anthony Pharmaceuticals, as from February 4. *Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX.*

Twice daily ovulation test

On February 9 Organon Laboratories are to introduce an ovulation predictor which will be sold through pharmacies but used on a doctor's recommendation.

Based on monoclonal antibodies, Organon LH Color detects the luteinising hormone surge which precedes ovulation and signals the woman's most fertile period. The magenta colour of the test material fades to a greyish blue in the presence of LH.

The kit (£44.95) provides two tests per day — carried out during the early morning and evening — to minimise the risk of missing the LH peak. Each kit contains 14 tests with daily testing trays, reagents, mixing vials, a colour reference chart and guidance notes. *Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4FL.*

Pumping up the market

Beecham Toiletries are introducing a pump pack of Macleans Sensitive toothpaste (100ml, average price £1.99).

Beecham say pump-packs now take over 10 per cent of total toothpaste sales — estimated at £110m (rsp) during 1987. Under the overall Macleans £2.5m promotional umbrella, Macleans Sensitive will have a £1m (national equivalent) television campaign and a programme of on-pack offers starting out with 20 per cent extra free added-value. Over the year, extensive sampling will also be carried out in parallel with briefing visits to the UK's 25,000 dental surgeries by Beecham's professional dental detailing force. *Beecham Proprietaries — Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Daily Effico

Pharmax are backing Effico tonic with a £75,000 advertising campaign.

Black and white advertisements, featuring the on-pack art work, will appear in the *Sun*, *Daily Mirror*, *Sunday Mirror*, *Sunday People* and *News of the World* until the middle of March. Distributed by: *Chemist Brokers, Milburn, 3 Copsem Lane, Esher, Surrey KT10 9EP.*

Cosmetics & Toiletries Ltd are now based at Unit 1, HQ3 Hook Rise South, Surbiton.

Triple Nicholas analgesic spend

Nicholas Laboratories are to spend £400,000 on Paraclear and Aspro Clear advertisements in the national Press and women's magazines, beginning in the Spring.

The £200,000 Paraclear campaign will begin in March and for Aspro Clear's in March or April: Nicholas are marketing Aspro Clear for adults but are positioning Paraclear for family usage.

The company says soluble analgesics now took 22 per cent of the £100m analgesic market in 1986 with aspirin products taking 40 per cent by volume in July/August 1986 (43 per cent, 1985); paracetamol 43 per cent (40); ibuprofen 3 per cent (2) and combination products 14 per cent (15).

Nicholas say they hope their current advertising push for Junior Paraclear (last week, p116) will net them a 4 per cent

PRESCRIPTION SPECIALITIES

Two more from Cox

Sulphasalazine 500mg and procyclidine 5 mg tablets are now available from Cox Pharmaceuticals.

The sulphasalazine tablets are light brown, circular, biconvex and uncoated, marked "SE" breakline "500" on one face, and "G" on the reverse (100s, £6.37). The procyclidine tablets are white, circular, biconvex, uncoated tablets marked "PE" breakline "5" on one face, and "G" on the reverse (100s, £4.27). Special introductory offers are available on both products. Details from Cox representatives or on free link line 0800 373573. *Cox Pharmaceuticals Ltd, Whiddon Valley, Barnstaple, North Devon, EX32 8NS.*

More Hillcross

Hillcross Pharmaceuticals have added ibuprofen tablets and amoxycillin syrup to their generic range.

The ibuprofen tablets are in two strengths — 200mg (500, £8) and 400mg (250, £7.75). The amoxycillin is also available in two strengths — 125mg in 5ml (100ml, £1.75) and 250mg in 5ml (100ml, £3.25, all prices trade). The products are available through local AAH wholesalers.

Chemist & Druggist 31 January 1987

Hillcross Pharmaceuticals Ltd, Primrose Mill, Harrison Street, Briercliffe, Burnley BB10 2HP.

In our yearly article "Advances in Therapy 1986" (*C&D* December 13, 1986, p992), it was incorrectly stated that tamoxifen blocks the synthesis of corticosteroids. This does not occur with tamoxifen, and hydrocortisone does not need to be administered concurrently. Supplementary therapy with hydrocortisone should be given in conjunction with aminoglutethimide, as stated by the Data Sheet for Orimeten.

Stelazine injection will be packed in 10s from early February. The new pack will be priced *pro rata* with the old 12s at £4.24 trade. *Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts AL7 1EY.*

Stiefel's Zeasorb absorbant dusting powder is being rationalised to a single pack of 50g (£2.15 trade). *Stiefel Laboratories (UK) Ltd, Holts spur Lane, Wooburn Green, High Wycombe, Bucks HP10 0AU.*

Glaxo have discontinued Crystapen V syrup 250mg 100ml, and all stocks are exhausted. Pharmacists are advised to retain stocks to satisfy residual demand. *Glaxo Laboratories Ltd, Greenford Road, Greenford, Middlesex UB6 0HE.*

Yardley on Spring shelf?

Yardley are launching two new cosmetics products, along with Spring shades and special packs for the holiday market.

The new products are Superlength mascara (£2.49) and satin finish liquid foundation with collagen (£2.75). The mascara is designed to be tearproof and smudgeproof, and comes in black, brown, blue and navy. It will be introduced at the special price of £1.99. The new foundation is available in six shades and will be introduced at £2.25.

Spring ideas include split colour eyeshadows in two four-colour combinations (£1.99), and marbled kohl pencils each containing three colours (£1.55). And with the holiday season in mind, there will be mini sizes of nail enamel (£0.95), and a Second Nature skin care travel set (£1.99), with a 50p off next purchase coupon. *Yardley of London, Miles Grey Road, Basildon, Essex.*

On the nail

Richards & Appleby are adding two new products to their Nailoid range, which has been repackaged and is being backed by advertising in the women's Press.

The new base coat and ridge filler (£1.25) and top coat and protector (£1.25) are packaged in white, with red, black and grey graphics, a new look for the whole range. A new POS unit holding 42 packs is now available at an introductory price of 28.75 trade, normally £30.36. And colour advertisements will appear in the women's Press, say *Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SF.*

Sweet talk

Ashe Consumer Products Ltd are supporting Sucron with a £250,000 national advertising campaign in the national Press and women's magazines. Extra value pack promotions, and special offers will run throughout the year, say *Ashe Consumer Products Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey.*

Kleenex cash-in

Kimberly-Clark are running an on-pack promotion for Kleenex tissues.

Running through February and March

in conjunction with consumer advertising, the promotion offers customers 10p off their next purchase or £2 worth of coupons in exchange for ten pack coupons. The offer will be flashed on packs of Kleenex for men, Super 3, Regular and Boutique, say *Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.*

At a price

Smith & Nephew are supporting Lilia press-on towels with a price marked pack promotion while stocks last.

Packs will be pre-priced at £0.45 for regular packs of 10 and £0.49 for Super. *Smith & Nephew Consumer Products, Alum Rock Road, Saltley, Birmingham.*



The following column lists advertisements for chemist merchandise appearing in the IPC women's Press during February. The magazines are divided into weeklies (W), monthlies (M), and teenagers (Y).

Abbott Cystemme	W M
Elizabeth Arden Millenium	M
Ashe Labs Mint Cool	Y
Sucron	M
Vitapoint	W
Bayer Nutrasweet	M
Beechams Silvikrin	Y
Belle Air Cosmetics	W
Booker Health Healthcrafts	M
Bowater Scott Andrex	W
British Tissues Dixcel	W
Brodie & Stone Jolen	M
Cacherel Anais Anais	Y
Chefaro Discretet	W
Thomas Christy skin care	Y
Clarins	M
Clinique	M
Combe Lanacane	W
Vagisil	Y
Consolidated Chemicals Fosfor	W
DDD Dentinox	W
Christian Dior Capture	M
lip colour	M
Elida Gibbs Dimension	W
Timotei	W

Brighten up with Miners

Miners are launching four new products for Spring.

Jelli babies (£1.75) are pots of hair styling gel. Shiners (£1.89) are packs of two pots of sparkling hearts, moons and circles, together with matching glitter, with glue included.

On the Nail (£1.35) are self-adhesive, peel off designs for nails. And Sketchers (£0.99) are stencils for the face and body, to be used with make-up, say *Miners, Max Factor House, Watermans Park, Brentford, Middlesex TW8 0DS.*

English Grains Beauty from Within	M Y
Esthetic Cosmetics	W
Ethicem Witchstick	Y
Evans Nylax	W M
Health & Diet Luaka Tea	M
Houbigant Lutece	M
HtB Pranavite Slim	W
Johnson & Johnson Carefree	W
Lancome	M
G R Lane Olbas Oil	W M
Quiet Life	W
Estee Lauder	M
Lilia White Lil-lets	Y
Mason Pearson	Y
Mentholatum Cutipen	Y
Milupa	W
Mycoal Warmers	W
National Pharmaceutical Association	W
Nestles Carnation Slim-Choc	W
Neutrogena	W
Nicholas Labs Feminax	Y
Numark	W
Optrex Famel	W M
L'Oreal Belle Color	W
Dulcia Vitality	M
Oscar de la Renta	M
Revlon	M
Robins Chapstick	W M Y
Roc	M
Rochas	M
Helena Rubinstein	M
Marie Stopes	Y
Tambrands	W M
Thompson Bran Slim	W
Unipath Clearblue	W
Vichy Les Nutratives	M
Warner Lambert Metatone	W M
Wella Balsam	W Y
Nutracare	W
Riva	W
Stylite	W
Tonique	W M
Wellcome Calpol	W
Whitehall Labs Anne French	Y
Immac	M Y

Braun

linear



The new Braun Linear. The dry shaver that doesn't treat a guy like he's still wet behind the ears. ▶ From around £18, it offers the 16-24 year old market flair and style coupled with sophisticated shaving performance. ▶ Two mains, two rechargeables. ▶ And they can handle anything from fuzz to tough stubble. ▶ In comparison, other shavers are simply kidstuff. ▶

BRAUN



Care unveil OTC Medicort

Care Laboratories have unveiled Medicort, their 1 per cent hydrocortisone OTC brand which will be launched as soon as the amendment to the POM Order is enacted (see p172).

The red packs carry the ICI logo, and as such draw on the company's medicated skin care heritage of Savlon. The 15g pack will retail at £1.45 (12, £10.59 trade). Representatives are pre-selling, but no deliveries will be made until the Order is amended. Introductory offers are available through representatives and wholesalers.

Care have developed a support package for Medicort, centering on a specially commissioned video "A chance to advise", which will be available free on loan. It covers the development of hydrocortisone, its approved OTC uses and the role of the pharmacist.

The video is accompanied by literature for the pharmacist, an information package for counter assistants and consumer information leaflets. "We feel it is most important that the deregulation of hydrocortisone is handled by manufacturers in a responsible manner. Our support material should be extremely useful in the early stages," says product manager Rob Elliott.

Medicort will be supported with consumer advertising in the women's Press, say *Care Laboratories Ltd, Lindow House, Beech Lane, Wilmslow, Cheshire SK9 5HG*.

Scotties for Scots

Scotties Tissues will be advertised on Scottish radio over a two week period during mid-February, on Forth, Tay, Clyde, Westsound, Northsound and Moray Firth stations.

In addition, Scott Ltd will be delivering 10p off coupons for Scotties big value packs to almost half a million homes, and backing this with a series of tailor-made in-store promotions. *Scott Ltd, Bowater-Scott House, East Grinstead, West Sussex*.

Ucar batteries are now being marketed and distributed by *Ralston Energy Systems, Union Carbide House, High Street, Rickmansworth, Herts*.

ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV am	ITV Tyne Tees

Apri wash cream:	All areas, C4
Actifed:	All areas except Ulster
Askit Powders:	GTV, STV
Atrox:	All areas, C4, Bt
Benylin day & night:	Y
Benylin expectorant/paediatric:	All areas, C4
Brontyl:	G
Cidal soap:	C4(TTV)
Clairol Loving Care:	All areas, C4(C, TVS, U)
Complan:	All areas
Contac 400:	ITV & C4, (LWT, TVS, C, G, STV)
Cymalon:	GTV, STV, BTV, G, Y, A, HTV, TSW, TVS, LWT, TTV, TT, C4
Dimotapp:	All areas
Fisherman's Friend:	All areas
Hill's Balsam:	U, G, Y, TT
Karvol:	All areas
Kleenex Velvet toilet tissues:	All areas
Listerine:	All areas
Mentadent P Gel:	All areas
Mucron:	STV, G, C, HTV, TSW, LWT, TTV
Nurofen:	All areas
Optrex:	All areas
Peaudouce Babyslips:	Bt
Robinson's babyfoods:	Bt
Robitussin:	All areas
Seclodin:	A
Sensodyne toothpaste:	All areas, & C4 except CTV
Sinutab:	All areas
Solpadeine:	GTV, STV, BTV, G, C, A, HTV, TVS, LWT, TTV, TT, C4
Strepsils:	All areas

Life at Andrex rolls on

Scott Ltd are running a £1m consumer promotion on Andrex toilet tissue during February and March.

Customers will be able to buy a toy Andrex puppy for £2.99 plus one proof of purchase from a four-roll pack, or two from two-roll packs. Scott will then donate £0.20 to the Guide Dogs for the Blind Association, plus another £0.20 for further proofs of purchase from four-roll packs, and £0.10 for proofs from two-roll packs. The promotion will be backed by national and women's Press advertising, and a range of POS material.

Around 45,000 collecting kits are also being distributed to schools and the Scouts and Guides, and the Guide Dogs for the Blind Association will themselves be organising facilities for collecting Andrex proofs of purchase. *Scott Ltd, Bowater-Scott House, East Grinstead, West Sussex*.



Eylure are the nail buffs

Eylure are introducing two new manicure accessories to their range.

The Eylure nail buffing board (£1.99) is a natural nail shiner designed to smooth and shine without cream or polish. The board has one grey side, with the other side half white and black. The different colour codes indicate degrees of micro particles embedded in a latex coating of cloth. The black buff is for smoothing out ridges and removes stains, the white buff gives a matte surface in preparation for the shine, and the grey buff is for giving a mirror shine.

The Eylure everlasting emery board (£1.85) has an aluminium core claimed to be durable enough to last a lifetime. Eylure say it is safe for natural nails and ideal for artificial nails, and can be made sharper by wetting.

Both new products are carded to hang on the existing Eylure merchandiser. *Eylure Ltd, Grange Industrial Estate, Cwmbran, Gwent*.

The £6.50 price for allopurinol 100mg tablets quoted on the Wholesale Generics price list in this issue, is for 500 packs, not 100 as stated. *Wholesale Generics, 397 Acton Lane, Acton, London W3*.



Looking for a supplier with all the right qualifications and ambitions?

CURRICULUM VITAE

NAME: Evans Medical Limited

ADDRESS: 318 High Street North, Dunstable, Beds, LU6 1BE

DATE OF BIRTH: January 1809.

NATIONALITY: British

MARITAL STATUS: Separated (amicably) from Glaxo Group of Companies on 14th October 1986.

FINANCIAL STATUS: Never been healthier, backed by three major banks and city institutions.

GODPARENTS: Lloyds Development Capital, First National Boston Ltd and the National Westminster Bank.

ACHIEVEMENTS:

January 1982: New management team appointed by Glaxo.

Jan 1982 - Dec 1984: Revenue increases five fold.

January 1985: Evans has one head office site and employs 60 people.

July 1985: Transfer of leading OTC brands, including Mycil, Nylax and Haliborange to Evans.

October 1985: New development laboratories and pilot plant in use at Dunstable.

November 1985: New marketing and distribution site at Dunstable fully operational.

February 1986: Evans assumes responsibility for Speke biologicals factory.

April 1986: Purchase of A H Robins factory at Horsham - one of the UK's most modern pharmaceutical production units.

July 1986: Sales force expanded and re-organised. Now the largest in the generics market.

October 1986: Management buy-out completed from Glaxo. Evans are now independent. The company is backed by a consortium led by Lloyds Development Capital.

October 1986: Evans now has 5 sites and 450 employees and is one of the top 20 pharmaceutical companies in the UK.

November 1986: Announcement of substantial on-going investment programme at production sites over the next 3 years.

December 1986: Evans launch 100th new product line since new management team involvement in 1982.

AMBITIONS:

Relishing the unrestricted commercial freedom to expand further our comprehensive range of high quality competitively priced products to meet pharmacists' needs. To become the UK's most efficient manufacturer by maximising the utilisation of our modern production facilities.

If you would like to check out
our references in person,
your local Evans sales representative
would be delighted to give you
all the facts.

Evans The UK's leading generic and OTC supplier



For the young and sweet

Searle Consumer Products are attempting to promote sweeteners as a fashion item with their latest product Flix.

Aimed at the 15-30 age group, the product is based on Nutrasweet, the ingredient used in Canderel, although the Flix formulation is said to be slightly less sweet. Searle claim it will appeal to a new set of consumers, who shun sugar as unfashionable rather than simply unhealthy. Magazine advertising shows

the pack worn as a fashion accessory.

Searle believe the product is ideally suited to pharmacies, who have a high traffic of the target consumers coming in to buy cosmetics and personal care items. The under-£1-price point and brightly coloured pack should encourage impulse buying, say Searle.

Flix comes in 100-tablet white plastic boxes (£0.84), with red, blue and yellow logo, blister-packed to a matching card. The launch will be supported by £1m of national television advertising with a pop video theme, running for at least four weeks from March. POS material reflects the advertising. There will also be advertisements in the young interest Press, and Searle are sponsoring a Flix Formula Ford racing car during 1987. *Searle Consumer Products, Whalton Road, Morpeth, Northumberland.*

Jeyes are now distributing and developing Izal products for the British consumer market, and will be taking over the marketing from March. They plan to introduce new lines and offer POS promotions later in the year. *Jeyes Ltd, Brunel Way, Thetford, Norfolk.*

Active hands

Original Additions are adding a shorter "active length" to their Elegant Touch Stickers pre-coloured false nails (£2.95).

New colours for Spring/Summer include: natural, radical red, call a copper, sweet watermelon, riviera rose, in the buff, first love, blooming dawn, slice of ice, Mars red and wild orchid. *Original Additions (Beauty Products) Ltd, 1 Elystan Business Centre, Springfield Road, Hayes, Middlesex UB4 0UJ.*

Blisteze boost

Dendron are backing Blisteze (£0.87) with a £225,000 advertising campaign.

Colour advertisements will appear in the women's Press until April and then again in October, November and December. And advertisements are running on Capital Radio until the end of March, say *Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.*

★ This month's Wellcome Break **WINNERS** ★
1st Prize
European Weekend for 2
★ H Talbot Cooper, Upton-on-Severn

RUNNERS UP

Coffee Maker + 6 Wellcome Break Mugs

RUNNERS UP INCLUDE

- K Newberry, Evesham · J C Evans, Southampton · S A & R K Patel, Hemel Hempstead · G & B A Northwood, Penkridge · George & Schofield, Northwich · Hepworth & Hall, Atherton · Lewis & Roberts, Nottingham
- D & I R Conquest, Bradford · Basil Clarke, Reddish · J R Lowther, Kendal

DISPLAY ACTIFED AND THE NEXT WINNER COULD BE YOU
Draw continues until February 28 1987. ACTIFED is a trademark.

**Refurbishing?
Moving premises?
Opening another branch?**

**R D M S
can help you!**

R D M S can save you time and money by managing your complete project from inception and design to tender, supervision and completion, all within an agreed budget. And give you a unique image, and improve customer-flow by making maximum use of the floor space available.

It's the kind of service which the major chains have in-house. Now it's available for the independent chemist.

For further information about how we can help you, call Michael Richard on 01-446 8431.

rdms

Retail Development
Management Services

Rowlandson House 289-293 Ballards Lane London N12 8NP
Tel: 01-446 8431 Telex: 923729 ROLAND G

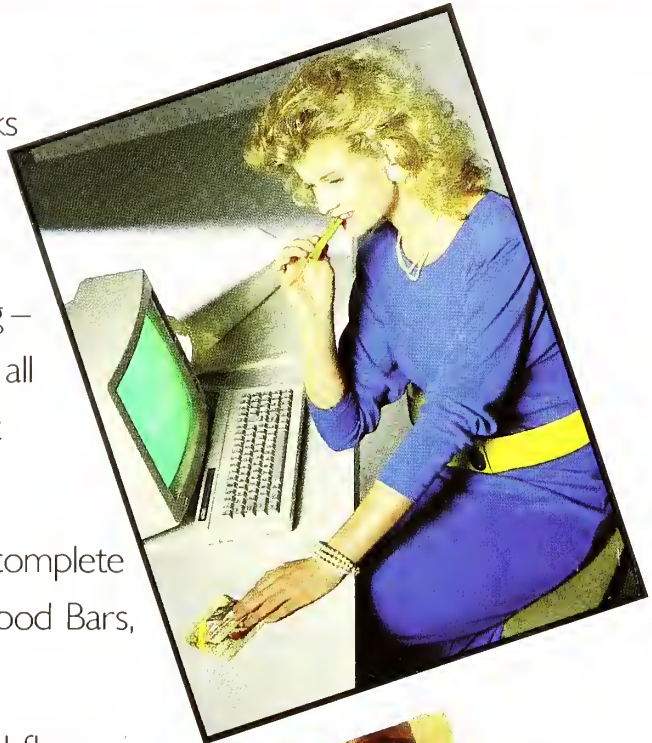
THE SLIMMING MARKET: SOME VITAL STATISTICS.

In 1986, Limmits sold more packs than any other competitor – sales* increased 150%!

The market is booming – slimmers are buying all year round, not just pre-summer.

Limmits offer a complete range: 4 Creams, 3 Food Bars, Digestives and 5 Lunchpacks.

Natural ingredients, no artificial flavourings or preservatives.



£500,000 campaign in women's interest/slimming Press for 1987 – starting now!

LUNCHES & SNACKS

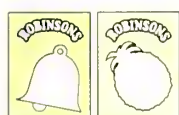
Limmits*

*Jicken Oct 1986

*Limmits is a Registered Trademark

Limmits can help slimming or weight control only as part of a calorie-controlled diet

Robinsons Baby Foods



New range



New good tastes
New bright boxes



...and me!

Now there are even more reasons why Robinsons Baby Foods earn a place on your shelves.

- The whole range now has extra flexibility, giving Mums more choice without taking up any more of your precious shelf space.
- Every meal now has a tasty recipe that will please the most finicky baby palate.
- The packaging has now been re-designed to be clear and attractive, with a simple healthy eating guide on every box.

	GLUTEN FREE
	NO ADDED SUGAR
	EGG FREE
	MILK FREE

There's a powerful new campaign featuring Spikey the hedgehog, that's guaranteed to bring more Mums into your shop asking for Robinsons Baby Foods.

- National Television will carry 40 second spots right across the country.
- Press, specially selected for young mum readership, will carry large space ads in full colour.
- Robinsons will be giving away millions of free samples to introduce Mums to the new range.



When it comes to choosing the right baby foods to stock and recommend all you need to know is Robinsons.... naturally!



EXTRA SAFETY IN NUMBERS

NEW
18 PACK



More and more of today's men and women are turning to the condom.

A fact reflected across the Durex range where 12-packs now account for over 75% of sales and Nu-form Extra Safe is firmly established as Britain's best-selling brand.

Nu-form, with its spermicidal lubricant is reassuringly reliable. And the obvious

convenience of a larger pack makes the introduction of Nu-form in 18's a natural step-forward.

Distinctively packaged, and in their own display unit, Nu-form 18's will be available from January with a special customer holiday competition.

Now people will really be counting on Nu-form Extra Safe.

18 PACK

DUREX and NU-FORM EXTRA SAFE are Trade Marks of LRC Products Ltd
A member of the London International Group plc.

Three new Fellows for the Province

Three new Fellowships were announced at January's Council meeting of the Pharmaceutical Society of Northern Ireland.

The new Fellows are: Thomas Alexander Gibson who registered in 1928 and is a trustee and member of the executive committee of the Ulster Chemists' Association, and was UCA president in 1946; William Thomas Hunter president of the UCA associates' section in 1958 and 1959, past president and member of PSNI Council, and president in 1971/1972; Ivy Marion Taylor who registered in 1947 and recently retired after 36 years in hospital pharmacy as group pharmacist at Tyrone, Co. Omagh, an active member for many years of Guild of Hospital Pharmacists for Northern Ireland branch and a member of Western

Health Board, pharmaceutical advisory committee. Certificates are to be presented at the president's dinner on March 11, at Culloden Hotel, Graigarad, Co. Down.

An application for membership under the reciprocal agreement between Great Britain and Northern Ireland Societies was approved for Miss Shirley Anne McCormick, Boots plc, 35 Donegall Place, Belfast. An application from Mr J. Cecil McCrea, 19 Scotch Street, Dungannon, Co. Tyrone, for registration as a preregistration tutor was approved.

The additional cautionary and advisory labelling requirements recommended in the British National Formulary were discussed, and a law Committee meeting arranged to prepare a report for the next Council meeting.

The DOE (NI) Urban Development Grant Branch said it is prepared in principle to offer a grant towards the cost of repairing and redecorating the Society's House. Surveyors have been instructed to submit proposals and tenders.

Accounts of the Northern Ireland

Chemists' Benevolent Fund for the year ending December 31, 1986, showed grants for the year totalling £6,635 and income £10,272.05 giving a surplus of £3,637.05. The income included £4,426.78 raised as a result of the president's appeal.

Professor P.F. D'Arcy was elected as the Council's representative to the Commonwealth Pharmaceutical Association in place of Mr J. Kerr, who wishes to retire.

Two management courses have been arranged for preregistration graduates during 1987: April 22-24 NI Staffs Council, The Beeches, 23 Hampton Park, Belfast, and May 28-31 Dr's Booth & Jones, PSNI, 73 University Street, Belfast.

The Young Pharmacists Group has been instrumental in producing an index of educational literature for community pharmacists which is now being distributed, and a "guide to continuing education" for practising pharmacists to be published shortly. The YPG hope to co-ordinate a "Disposal of Unwanted Medicines and Poisons Campaign" during April/May.

LOOK OUT FOR THIS NEW ALGIPAN CAMPAIGN AND HELP US HELP AGE CONCERN

Every can or tube of **ALGIPAN** you sell will guarantee a donation from Wyeth Laboratories to Age Concern.

Show cards and shelf talkers are available to assist you in selling the product and promoting the appeal to your customers.

ALGIPAN*

Rub and Spray

**The warming way to ease
muscular aches and pains**



Wyeth Laboratories
Taplow, Maidenhead, Berks.



*Trade marks

Pharmacists can do more for addicts

The many ways in which pharmacists can help tackle drug abuse were discussed at a course for pharmacists, held last week at St George's Hospital, London.

Mr Henry Howarth, member of the Pharmaceutical Society's Council, said that, as well as the obvious part pharmacists played in the safe custody and supply of drugs, they had a much wider role in counselling and education. Community pharmacists were approachable, easily accessible and could give confidential advice in an informal setting. So worried people might feel more inclined to talk about drug problems than in a more formal approach to a doctor.

Pharmacists could not hope to solve all the problems drug abusers had, but should know how to refer them to other experts. Pharmacists should be acquainted with their local drug problem teams and be aware of local counselling and rehabilitation services. They should also train their staff what to do in difficult situations.

Mr Howarth suggested that in all the Society's branches there should be a drug abuse advisory officer who could act as a consultant, liaising with police and the Home Office and Society inspectors. The officer could alert other members to local misuse and supervise the early warning system for forged or stolen scripts. The Pharmaceutical Society was soon to publish a guide to the misuse of drugs, which would be sent to every pharmacy. It would give advice on matters ranging from the first tell-tale signs of drug abuse to the maximum penalties for offenders, with a chapter on the pharmacist's role.

A member of the Advisory Council on Drug Misuse, Mr Howarth went on to say that the ACDM was considering whether amyl nitrite and cyclizine should become Controlled Drugs.

David Gerrett, staff pharmacist health education, Derbyshire Royal Infirmary, spent his first year in office developing an information, education and training service on drug abuse for professionals employed by the South Derbyshire health authority. He told the audience that pharmacists were well qualified to evaluate drug literature from various sources, but they must be selective in the information they gave and how often they gave it. Too much information could make people "switch off" or even decide to experiment with drugs rather than avoid them, and

highlighting the illegalities could make drug abuse attractive to those who enjoyed breaking the rules.

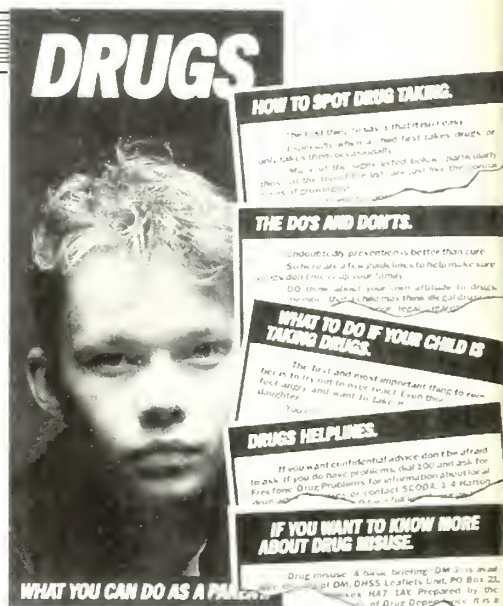
The speaker believed pharmacists had a role to play in education providing they worked with trained teachers. In conjunction with his local health education department he had given seminars to several groups including the police, multidisciplinary drug abuse teams, youth workers, parents and ambulance personnel. One of the pharmacist's most useful roles was training those people most involved with drug abusers, such as the probation service and counsellors who need to the basic facts about drugs. His advisory service even extended to visiting drug abusers' homes.

Community pharmacists had as important a part to play as those in hospitals, he concluded, because they were easily accessible to the public and were in direct communication with both GPs and patients. He invited any pharmacists wishing to set up a similar service to contact him and possibly avoid some pitfalls.

Mr Don McIntosh, senior inspector, Home Office Drugs Branch, referred to some "disturbing" trends in drug abuse. One was the decreasing age of new heroin users. In 1985 just over 1,500 notified heroin addicts were under 21. A popular misconception was that suppliers sold drugs to children in the school playground, but research showed that most children did not start experimenting until they had left school at 16-17 and were first unemployed. Heroin was now becoming the drug of first choice, whereas at one time drug abusers graduated to heroin from cannabis and amphetamines. Another fashion was smoking heroin or "chasing the dragon", Mr McIntosh continued. While this was safer than injecting, it was wasteful and as users became more tolerant of the drug, they needed higher doses and began to inject.

In real terms the price of heroin had fallen considerably since the early 1980s and the street price of around £80 per gram had been constant for a couple of years. The average purity of street seizures was 40 per cent, while in the USA it was as low as 3-10 per cent.

Cocaine had increased in availability but was still mostly a London-based problem. Of much greater concern, the speaker thought, was the growing amount of illicitly produced amphetamine which was sometimes injected intravenously and



DRUGS

HOW TO SPOT DRUG TAKING.

The first thing to look for is if the person is acting out of their first taken drug. If they are, it's probably a sign of addiction. They will be very nervous, particularly when they are alone, and will have a very pale complexion.

THE DO'S AND DON'TS.

Don't let your patient know you are a pharmacist. Don't let your patient know you are a pharmacist. Don't let your patient know you are a pharmacist. Don't let your patient know you are a pharmacist.

WHAT TO DO IF YOUR CHILD IS TAKING DRUGS.

The first and most important thing to remember is to stay calm. Don't let your child know you are a pharmacist. Don't let your child know you are a pharmacist. Don't let your child know you are a pharmacist. Don't let your child know you are a pharmacist.

DRUGS HELPLINES.

If you want confidential advice don't be afraid to ask. If you are in trouble, call 100 and ask for the Home Office Drugs Branch. If you are in trouble, call 100 and ask for the Home Office Drugs Branch. If you are in trouble, call 100 and ask for the Home Office Drugs Branch. If you are in trouble, call 100 and ask for the Home Office Drugs Branch.

IF YOU WANT TO KNOW MORE ABOUT DRUG MISUSE.

Drug misuse is a serious problem. It is a problem that affects many people. It is a problem that affects many people. It is a problem that affects many people. It is a problem that affects many people.

WHAT YOU CAN DO AS A PHARMACIST.

Drug misuse is a serious problem. It is a problem that affects many people. It is a problem that affects many people. It is a problem that affects many people. It is a problem that affects many people.

frequently adulterated with caffeine, glucose and lactose. It was cheap (£12-15 a gram compared with £70-80 for cocaine) and was often used by people looking for a "good time drug".

With the growing availability of illicit heroin, the number of pharmacy break-ins had decreased but there was a grave risk that burglaries would increase again if illicit supplies were cut and the growing numbers of addicts looked for alternative sources. The Home Office was urging the police to make more use of the exemption procedure whereby pharmacists need not store CDs in the regulation cabinets if they had better security arrangements.

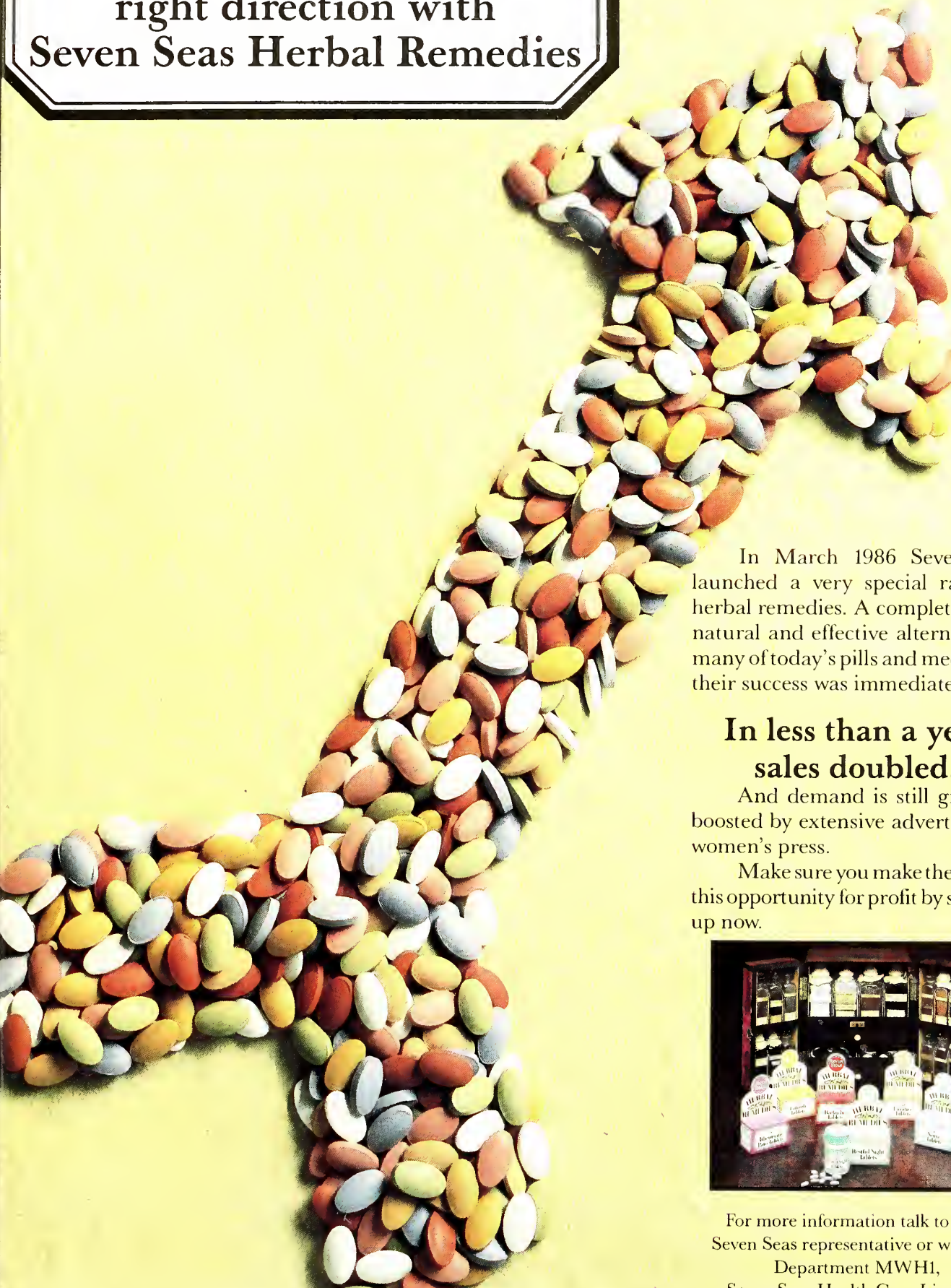
Mr McIntosh thought the best prospect for effective action against drug abuse was in the community through local drug advisory committees and community pharmacists should belong to these.

Two community nurses and a social worker based at St George's Hospital described how they worked in a team with doctors and psychologists. These teams were being set up in response to the changing patterns of drug abuse in the late seventies and early eighties.

The types of people helped by the team included those who preferred treatment at home, those with a recent dependence who needed encouragement to stay off drugs, and the younger experimenters whom it would be unwise to treat in the DDU where they would meet hardened drug abusers. The team's many duties include helping with social problems such as housing and financial difficulties, counselling, giving general support at home, running a telephone advisory service and organising courses.

Mr Dennis Fry, a biochemist at West Park Hospital, explained the techniques used in monitoring blood and urine specimens from drug abusers. He said that controlling barbiturates under the Misuse of Drugs Act had markedly reduced the abuse of these compounds. Barbiturates, however, were now being seen as adulterants of some imported heroin, he said, and heroin abusers were becoming dependent on both drugs.

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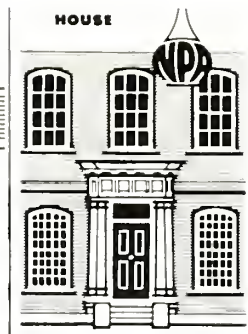
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Accidents will happen...



A typical pharmacy? Of course not. But any one of these potential accidents could occur in your shop. And in the event of such a mishap — or a dispensing error — the first port of call for many pharmacists is the Chemists' Defence Association. NPA's Jim Downing talks to C&D on times past and present at the CDA.

It's a classic. A slapstick comedy routine as familiar as custard-pie-in-the-face, and guaranteed to raise a laugh of sorts. *Scene 1:* An unsuspecting Joe Public ambles down the High Street, gazing into shop windows and nodding at neighbours, when suddenly... he disappears down a manhole. *Scene 2:* The casualty department at the local hospital from where he eventually emerges suitably bandaged with one leg in plaster. What we don't see is *Scene 3*, probably the most realistic: Joe Public brandishing a claims form for damages from the careless trader responsible for the manhole or trapdoor.

For such incidents are not just confined to the television "sit-com", according to the National Pharmaceutical Association's assistant secretary Jim Downing. Trapdoors are a real problem, producing a small but steady number of claims to the Chemists' Defence Association each year. However, it's not only the knowledge that they are protected from the trapdoor traumas that allows pharmacists to sleep easy at night. Nor is it the reason that the majority of NPA Board members rate the CDA as the most valuable service offered by the Association. The true value and security of membership lies in the wide range of cover, of professional indemnity and public liability

insurance, and in the legal advice and representation the CDA has offered since its inception in 1899.

The CDA is, in fact, the oldest of the organisations affiliated to the NPA, and was the pioneer of chemists' defence and indemnity insurance. It was founded by eight eminent retail pharmacists in November 1899. After the Jenkin judgment of 1921, which resulted in the formation of the Retail Pharmacists' Union (later to become the NPA), the CDA combined with the RPU to prevent conflict of interests and duplication of services.

In the early days it was necessary for every member to be a share-holder in CDA Ltd. The nominal capital of the company had been £10,000 in £1 shares, with each member holding one share, 50 per cent paid up. Since the 1960s NPA Ltd has bought into the shares (around 800 now remain in private hands) to make it a fully-owned subsidiary with membership automatic on joining NPA.

What every pharmacist must surely fear most is a claim arising from negligence, a dispensing mistake or the giving of incorrect advice. This is where professional indemnity comes in. Jim Downing insists that such major errors are few, but, when they do occur, they tend to be serious and result in

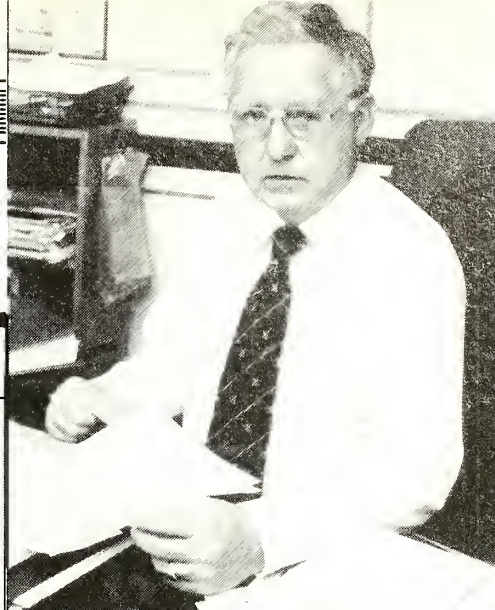
large claims because of the potency of modern drugs. Incorrect dosage or dispensing the wrong drug are the usual faults, and the cause is often psychological — mostly errors of visualisation. Mr Downing explains: "The pharmacist sees what he expects to see rather than what is written, which explains the apparently incredible errors which have occurred when something different from what is prescribed is supplied. It may be the last thing that caught the subconscious eye, or the product just mentioned. At the time there is no doubt, no warning bells ring and so the wrong item is dispensed."

Check, and check again

This is where the added protection of having a second person check all work is so valuable, says Jim Downing. "Check yourself, get someone else to check you if you can, then check again when you give out the medicine. That final check can be the most valuable." Similar drug names often cause problems which are not aided by bad handwriting: "You wouldn't think verapamil and propranolol could look the same but when the writing is poor they have done," says Mr Downing. Three claims in recent years have involved confusion between Primolut Depot injection (now Proluton) and Primoteston Depot injection. One patient received £18,500 in compensation because of adverse local effects caused by the wrong depot injection.

Although the majority of claims are small, several fall into the £10,000-£20,000 range, and a few exceed £100,000. Some of the largest claims have involved wrongly dispensed or failure to dispense hypoglycaemics or anti-epileptic drugs. Traumatic results can occur when this type of drug is given in error or suddenly withdrawn. And, quite apart from medicines, the supply of industrial methylated spirits and hydrogen peroxide instead of purified water has cost the CDA many pairs of contact lenses; likewise accumulator acid and glacial acetic acid supplied in place of distilled water have also been implicated in past claims. "The fact that we have found it cost-effective to supply all members with shelf warning cards for liquefied phenol (dispensed instead of phenol ear drops) and caustic pencils (often confused with styptic pencils) tells its own story", comments Jim Downing. Apparently pharmacists today have lost the habit of using their sense of smell.

In the beginning CDA indemnity was "unlimited", a revolutionary innovation and one unprecedented in insurance. But Mr



Aha, Jim lad . . .

A heritage of pharmacy and the sea stirred the veins of the young Jim Downing, and it was a career in the Navy that he set his heart on as a youth. "Like many young men the family business was the last thing I wanted to know about then," he remembers. And with a grandfather, father, and mother all pharmacists, and two family-run shops in North London, it was perhaps understandable.

However, Jim Downing is colour-blind, and this put paid to a life on the ocean wave, so he volunteered for the Indian Army in 1946, transferring to the British Army's Ordnance Corps where he served in Malaya. On his return to England (and slightly disillusioned with service life), he found that pharmacy beckoned at last. In 1949 Mr Downing started at The London School of Pharmacy, then in Bloomsbury Square. One of his demonstrators was Arnold Beckett, later to become Professor of Chelsea School of Pharmacy. He, too, was colour-blind and detailed to cope with Mr Downing's handicap.

On gaining his degree Jim Downing moved to Nottingham University to research for a PhD in pharmacognosy, but within a year he had to give up: "My eyes went haywire. I could not see to read or write due to intensive use of the microscope." But three years later he discovered it was sensitivity to atropine that had caused his problem.

He spent some time as a locum in retail, (and while a partner in the family firm got married) before joining the NPA in Queen's Square, London in 1957 as head of information. Mr Downing orchestrated the Association's subsequent moves to Southgate and St Albans, and at Mallinson House stepped in

as impromptu architect when the official architect was "taken off the job". This was not before she had bestowed on them a particularly aesthetic dustbin shed. "We have the most expensive dustbin store in Hertfordshire," he says. "It has no right-angle corners and the stone-masons wore out two diamond saws cutting the bricks to build it. Admittedly it is nice to look at but . . ."

When Mr Downing joined the NPA he was told, like any other new pharmacist there: "Get a second qualification". So he began the Chartered Institute of Secretaries examinations and was made a Fellow of the Institute in 1969. Then it was suggested he read for the Bar, but starting again on another course did not appeal. His responsibilities now include general administration: the heads of information, training and planning report to him.

Outside pharmacy, Jim Downing's love affair with the sea continues, and he is a keen member of the British Sub-Aqua Club, president of the local branch and an advanced instructor. Vintage cars have also been a hobby in the past (Old Rileys). He is an active participant in his local parish as a church warden and qualified reader in the Church of England. 1987 sees Jim Downing's thirtieth year at the NPA and he says that he very much looks forward to the next thirty!

appear to be both. For example, the CDA paid out £16,500 to a customer who tripped over a box in a pharmacy and broke his hip. That was serious enough, but this was no ordinary customer, he was a kidney dialysis patient *en route* for a dialysis session. Instead of the renal unit he ended up in the casualty department, and the subsequent claim took into account damage arising from the missed dialysis, and the weakness of his bones due to kidney failure.

Another pharmacist had cause to regret the day he stuck an advertising A-board outside his shop. One customer tied her dog to it, and when the animal spotted a four-legged friend up the road and decided to join him, he took the board along too. Unfortunately the sight upset one driver so much he crashed his car. CDA naturally came to the pharmacist's rescue.

A student customer in one pharmacy, used to helping himself from the shelves behind the counter, found he was obstructed

by a box. He vaulted it only to disappear down an open trapdoor. An out-of-court settlement was advised.

Meanwhile, the CDA never did learn the final outcome of a claim against one member who supplied liq. picis. carb. for liq. sacch. ist. The Christmas cake it was intended for did not taste quite the same, according to the claimant!

A final message? Jim Downing stresses the importance of a quick response to any potential problem. "Members should inform the CDA as soon as possible to save time, money and trouble — for themselves and the Association. And he concludes on a cautionary note: "While, the risk of a claim for any individual member is not statistically high, the magnitude of potential claims makes it a significant risk for everyone. One single error could mean total bankruptcy." Small wonder then that Jim Downing believes that members sleep a little easier at night because of the existence of the CDA.

Downing points out this was meaningless because the resources of the Association were not "unlimited". In 1978 the limit was set at £1m and raised to its present £3m in 1984. This figure remains adequate, says the CDA, and is unlikely to change in the foreseeable future.

What has changed in the last three years is the international insurance market in liability, largely as a result of the Union Carbide disaster at Bhopal in 1985. Insurance companies are now trying to take on less liability and charging more, says Mr Downing. Consequently rates for reinsurance and premiums have shot up, and the 1987 increase in the NPA's annual subscription is to cover this.

Legal costs have also rocketed, with a more claims conscious British public increasingly adopting the American philosophy of "sue, sue, sue". "Today's pharmacists are no less caring, nor do they make more errors than their predecessors," says Jim Downing, "but certainly we are seeing a substantial increase in the number of claims. In the past many would never have been made at all while the larger and more serious ones would happen anyway. In particular, if a large company or a young pharmacist is involved then the public seems determined to have the law on them, come what may," he says.

One big case — and in the past few years there have been several — can have a dramatic effect on the total amount paid out. For example, between 1984 and 1985 there was a 570 per cent increase in this sum, largely due to the Storkwain case over forged CD scripts which involved an appeal to the House of Lords. So when the Board decides what proportion of the NPA subscription should go to the CDA, the going market rates for insurance must be looked at, together with legal costs, the likelihood of more small claims from the public, and the long-term prospects. A single case can drag on for years; the prescription in the Migril case was written in 1973 yet the claim was only completely resolved last year. But despite such considerations, the indemnity premiums for pharmacists are described as "peanuts" when compared with those demanded by other professions. Jim Downing also points out that CDA cover is "global", extending to managers, assistants, and locums alike, unlike that for GPs who each have to arrange their own insurance.

Most indemnity claims are for property owners', or public liability rather than professional negligence — this is where trapdoors and the like come in. They can range from small claims for torn garments to large sums resulting from injuries sustained on the pharmacist's premises, or from faulty goods sold or supplied. Some pharmacists are careless, some are unlucky, and some

OTC HC delayed until April?

Regulations amending the POM Order to allow the sale of 1 per cent topical hydrocortisone cream for a limited number of indications will not be laid until the end of March at the earliest.

With the amendment taking place 21 calendar days after it is laid, OTC hydrocortisone is unlikely to become a reality until the end of April. A spokeswoman for the Department of Health told *C&D* that amending legislation was currently being drafted by lawyers. She pointed out that the consultation period had only just ended; the bad weather had meant another delay.

Unusually, the Statutory Instrument will specify deregulated products by brand name. "The problem here is that the change is limited to 1 per cent hydrocortisone preparations, but is also limited by indications. To try to incorporate this concept in legislation is quite difficult," the spokeswoman explained. As indications are specified on Product Licences, identifying specific brands achieves the desired effect.

Only hydrocortisone and hydrocortisone acetate in 1 per cent ointment and cream formulations are permitted. Packs, limited to 15g, must show that the product "contains hydrocortisone", is indicated for irritant and contact dermatitis, and insect bite reactions only, and is contraindicated for

use on the eyes, face, anogenital region and on broken or infected skin. All the products listed in the amending legislation will already have a licence for that product as a POM. When the Statutory Instrument becomes effective, the legal status of those products will change to P.

C&D understands that the DHSS has received over 50 licence applications for potential OTC hydrocortisone preparations. Companies whose brands will be included in the SI have been told by letter. Any company expecting to be included but who has not yet received such a letter should contact Marilyn Groves at the DHSS (tel: 01-720 2188).

Companies who miss this legislation will have to wait for similar future legislation. Changes to the POM Order occur periodically, but not regularly.

The delay will be a blow to companies already pre-selling their OTC hydrocortisone brands. The amending legislation was expected by the beginning of February, enabling sales to commence before March. Reckitt & Colman have been selling in Timocort for some time now (*C&D* January 17 p80). This week, Care Laboratories take the wraps off Medicort (see *Counterpoints* p160), and Coombe International have been sending out leaflets heralding the launch of their Lanacort brand. Crookes, however, have postponed a Press conference scheduled for next week.

■ The article in *C&D* last week on eczema (Question Time p136) may have inferred that it is one of the conditions for which OTC hydrocortisone products will be licensed. The treatment of eczema is specifically excluded from the indications.

Pill advice obsolete

The contraceptive effect of the combined "pill" is restored within seven days after missing a tablet for 12 hours. This makes the advice to take extra precautions for 14 days unnecessary, says the latest *Drug and Therapeutics Bulletin*.

If the seven days run beyond the end of the packet the next one should start without a gap, postponing the period until the end of the second packet, it advises.

The Family Planning Association and National Association of Family Planning Doctor will push the new advice in leaflets published this year, says the *Bulletin*.

Interactions between oral contraceptives and antibiotics are also reviewed. The CSM has 65 reports of

women using an oral contraceptive who have become pregnant while taking an antibiotic. The number of reported cases of contraceptive failure attributed to antibiotic treatment is close to the normal failure rate (between one and 2 pregnancies per 1,000 women per year), but with the increasing use of low-dose oestrogen preparations interactions may become more important. Rifampicin and griseofulvin reduce the effect of all oral contraceptives and extra precautions are needed, it says.

Women using a combined pill may theoretically be at risk of pregnancy while taking other antibiotics and, although there are no clinical studies, the *Bulletin* says they should use extra precautions until there is stronger evidence. Women who take the mini or progestagen-only "pill" should not need to use other contraceptive methods while taking antibiotics, apart from rifampicin and griseofulvin, unless they have diarrhoea.



The "Health Care in the High Street" committee meet to discuss the distribution of AIDS leaflets. Left to right: Zandria Pouncefort (FPA), Bruce Rhodes (PSGB), Martin Raymond (SHEG), and Saskia Zeelenberg (PSGB). Tanya Turton (NPA) and Rosie Leyden (HEC) were also present.

Pharmacists as profiteers?

A significant minority of patients mistrust pharmacists and are dissuaded from consulting them, according to a market report on OTCs sold through pharmacies in Europe.

The finding from came out of consumer discussion groups in four cities in France, West Germany and the UK. Mistrust of pharmacists is notably prevalent in the UK, and among 40+ age groups, says the report. "Pharmacists are seen as profiteers, often determined to recommend expensive brands.

"Whether or not this is the case, is clearly seen by a significant minority as a disincentive to consulting a pharmacist," it says.

The consumer discussion groups also looked at factors affecting purchase decisions. Price was cited as the most important. In the UK it was found that people were prepared to pay around £0.30 more for a brand over an unknown product. Advertising was not seen as an important factor.

The OTC market in the UK has seen a 6.1 per cent rise in value in real terms from 1981 to 1986 (from £284.3m to £411.5m), says the report. The rate of growth has not been as good as in other European countries, and the rate of real growth is declining and may stagnate by the end of the decade.

Countries also covered by the report include Belgium, Italy, Netherlands, Spain, with an overview for Sweden. Products are those sold mainly through pharmacies only including analgesics, antacids, cough remedies, cold remedies, laxatives, vitamins and tonics, muscular pain relievers, mouthwashes, and pregnancy tests. "Changing attitudes to self medication 1981-1990", £4,000, ERC Statistics International Ltd, Lynton House, 7 Tavistock Square, London WC1H 9PU.

Xrayser catches a cold

Xrayser appeared to be somewhat confused in his column in the *C&D* issue January 10, regarding a recent circular to retail chemists from Parke Davis Research Laboratories dated December 17, 1986.

In this circular Parke Davis explained that the qualifying level for a 10 per cent discount on direct orders for Parke Davis medical prescription products has been raised to £1,000 at list value.

Warner Lambert Health Care has responsibility for the Warner Lambert range of self medication brands including Benylin, and has made no changes to the trading terms announced on September 29, 1986. Should any of your readers require further information, would they please contact their local Warner Lambert Health Care self medication sales representative or sales order department at Pontypool, 04955 2468.

J.H.Ball

Marketing director, WLHC

It's snow go in Kent

It was a Saturday afternoon recently in snowbound Kent. A distressed patient was unable to reach his village dispensing doctor to obtain tablets and an inhaler for his chronic asthma. The pharmacy contacted the GP by telephone, and agreed to dispense the medicines to his prescription.

On the following Tuesday, the grateful patient returned to the pharmacy, not with a prescription FP10. No, he presented us with tablets and an inahler from the doctor's pharmacy to replace those which

we had dispensed. The pharmacist provides an emergency service gratis, while the dispensing doctor claims reimbursement for the work he has done. They must think that we are prize idiots!
Tom Wilson,
Ashford, Kent.

Pat on the back for Unichem

I hope the attempts by Mr Peter Dodd to achieve exemption for pharamcists from the Consumer Protection Bill (*C&D* January 17 p102) do not go unnoticed by the profession. I am a little concerned that this apparent anomaly appears to have been overlooked by our various professional bodies.

This is a further example of the work down by Unichem in the interest of *all* pharmacists — maybe one or two non-members of our organisation should take note.

M.H. Smith

Plymouth

Squash delight

May I thank LRC products for a marvellous day of sport and conviviality at the Pharmacists Squash Tournament held recently at the Southbank Squash Centre. The inclement weather deterred some entrants, but those of us who braved the blizzard enjoyed ourselves to the full.

It is a revelation to see pharmacist colleagues in action in a sphere an aeon away from the rigours of industry, hospital, or community practice. They prove to be masters of the wood-shot drop, the miss-hit lob, and dare I say it, of boasting from all four corners. Thank you again LRC,

Victor Irvine, MPS

Barnet, Herts

Not so fishy after all? Or C&D's cod piece

I was interested to read Xrayser's comments (*C&D*, Jan 10, p31) that clinical trials may help to convince others of the undoubted efficacy of cod liver oil in arthritis.

The medical profession's perception of cod liver oil has undergone a remarkable reassessment over the last ten years.

Hitherto, it was regarded as a useful vitamin supplement. The discovery that it consisted of the richest natural source of the important omega-3 unsaturated fatty acids, and especially eicosapentaenoic acid (EPA), has opened up new research vistas for us.

EPA is a precursor of prostaglandins and leukotrienes, the leukotrienes being involved in the inflammatory response. EPA alters the ratio of leukotrienes to a less inflammatory level.

Research is underway in a number of hospitals to investigate the effects of fish oil on a variety of inflammatory conditions including arthritis, psoriasis and eczema.

Some results have already been published and are encouraging. Further trials will be published this year and will undoubtedly underpin the enormous volume of anecdotal evidence from patients who have gained enormous relief from the symptoms of arthritis by taking a daily dose of cod liver oil.

If any of your readers would like to receive further details of this clinical evidence, then my company would be delighted to send it to them upon request.

A.G. Clements

*Sales and marketing director
Seven Seas Health Care Ltd*

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Argyll go for Safeway — but no word on chemists

Argyll's £681m spend on Safeway Food Stores will pull them into the top supermarket ranks. But the company is keeping any pharmacy development plans under wraps.

The group, which owns Presto stores, had been up against Tesco in the bidding for the UK supermarket chain. But Tesco pulled out, saying Safeway did not fit in with their "superstore" image. Now the deal, which involves a placing of over 194 million new shares by Argyll to raise most of the money, will create a 300-unit chain and bring the combined market share up to about 9 per cent, behind Dee Corporation, Tesco and — at 12.3 per cent — Sainsbury.

Asked if there would now be some quick moving to establish more

pharmacies (Safeway currently have about 30), an Argyll spokesman would only say: "We think the geographic compatibility of the stores creates strong prospects and is in the customers' best interests".

Stockbrokers James Capell's John Elston told *C&D* that any decision on pharmacy development was unlikely to have been taken: "They'll wait to see the returns. There may be one or two ideas but they will be reserving their judgment".

The £681m price tag was high, but could probably be justified, he said, as Presto's position could well have weakened: "It could have been frozen out. But now they have extra muscle, with a name that can change the dimension of Argyll's business. So it's worth their while".

ABPI hits back at patent critics

The abolition of licences of right on medicine patents would not significantly increase NHS pharmaceutical costs, and would boost UK investment confidence, says the Association of the British Pharmaceutical Industry.

The ABPI has been responding to what it calls "misunderstandings and misrepresentations" put about by Pharmaceutical Licences Under Seige (PLUS), whom it describes as an "instant pressure group" constructed to further the interests of two non-ABPI members. PLUS

has been campaigning against a Private Member's Bill to abolish licences of right, introduced by Lord Northfield.

ABPI says Lord Northfield was prompted to table his Bill by the Government after the planned Intellectual Property Bill was dropped from the Parliamentary schedule. The Bill itself has been drafted with help from the Department of Trade. The ABPI disputes PLUS's claim that Lord Northfield's Bill would cost the NHS £200m a year by the early 1990s. The Association says existing licences of right are not affected, and any medicine due for licence of right endorsement in the near future, will be generically available in the early 1990s anyway. It points out that 80-90 per cent of UK generics production is by ABPI companies.

New health measures

A research service claimed to be "the most comprehensive examination and continuous analysis of health issues ever undertaken" has been launched by the Henley Centre and NOP market research.

"Measures of Health" is a system surveying 800 adults, conducted every week; the results are to be combined with the Henley Centre's analysis for twice yearly reports of trends in health matters.

The project will begin field work in the Spring, and will cost £4,500 (including individual company presentations).

NOP already research the medicines and vitamins markets and conduct a monitor of the incidence of colds, 'flu and other ailments. The "medicines measurement", run by SDC, is designed to help manufacturers track the sales of their individual brands. *NOP Market Research Ltd, Tower House, Southampton Street, London WC2E 7JN.*

The Department of Trade and Industry's retail sales index for November shows chemists up 11 per cent to 203 (NHS receipts are excluded). The figure for all businesses is 182 — up 10 per cent.

NPA calls for clear protection for pharmacists

The position of pharmacists under product liability legislation to be introduced by the new Consumer Protection Bill still needs clarification, says National Pharmaceutical Association director, Tim Astill.

And the NPA will continue to lobby members of both Houses for assurance that pharmacists who dispense medicines in containers bearing their own name and address only, will not be regarded as producers of the medicine, and therefore held liable in the event of any injury to the consumer. A provision in the Bill allowing pharmacists to transfer liability back to the manufacturer is still being sought. Commenting on the Committee stage of the Bill in the Lords last week, Mr Astill said he was satisfied with the Lord Advocate, Lord Cameron of Lochbroom's reply to an NPA-supported amendment proposed by Lord De La Warr (*C&D* last week, p114). However, the Government had so far failed to give completely satisfactory answers on pharmacists' liability under the Bill, he said.

Bill aims for Aids control

A Private Member's Bill aiming to improve the monitoring of AIDS was given a second reading in the House of Commons last week.

The AIDS (Control) Etc Bill requires district health authorities and health boards to report annually to the Secretary of State on various aspects of the disease including the number of people who have contracted AIDS or the virus in the previous 12 months, the treatment provided to these people and the action taken to control the spread of the virus. The first report would be due on February 1, 1988.

□ Professor Stanley Roberts, Exeter University, has received a £36,000 grant from Glaxo for two projects, one of which is the preparation of novel compounds (analogues of naturally-occurring nucleosides) intended to inhibit the human immunodeficiency virus. The other project involves arcimycins which are being chemically modified to optimise their anthelmintic and anti-fungal activity.

Bottoms up top in baby market

Since 1980 the baby products market has grown 73 per cent from £470m to over £800m — compared to a rise in the retail price index of 42 per cent — according to a report from Euromonitor.

Best performing areas have been nappies, where a switch to disposables has led to a 238 per cent expansion in the market; and nursery equipment, fuelled by higher disposable incomes. Foods, baby care products and clothing have performed less well, only marginally outpacing inflation, while the toy market has actually declined in real terms.

Euromonitor believes nappies will continue to be the fastest growing sector, with sales (at 1985 prices) expected to reach almost £550m by 1990. There is scope for substantial real growth in baby clothes — up to 20 per cent, say Euromonitor — if consumers develop the same attitudes to this sector as they have in nursery equipment, where attractive products have stimulated sales.

Reaching these targets will be made easier by a rising birthrate, which started to expand from a low of 721,000 in 1982 and is forecast to continue rising to a peak of 912,000 in 1990-91.

The fragmented nature of the market at the manufacturer level is not, however, repeated among retailers. Here Boots and Mothercare share 43 per cent of the market, while supermarkets and then chemists take another 28 per cent of sales. The Baby Report (£255) Euromonitor Publications Ltd, 87 Turnmill Street, London EC1M 5QU.

J&J pay for centralisation

Johnson & Johnson's production changes last year will have cost them over £2m.

The company has revealed the expected costs in its 1985 statutory accounts; some £735,000 tax relief will be taken off the total. The money went towards centralising and relocating production facilities. And the decision to close the firm's hospital supplies project last January cost J&J £340,000. Both sums will be charged in the 1986 accounts.

The 1985 results show pre-tax profit standing at £4.65m — slightly up on 1984's £4.61m.



Mrs Cyril Ashley, wife of L'Oreal's chairman (centre) presents the L'Oreal Trophy to Mr R. Akehurst at Newbury. Mr Akehurst is the trainer of Juven Light, winner of the L'Oreal Handicap Hurdle race, which was originally founded ten years ago. About 100 employees from the company's factory at Llantrisant in South Wales travelled up for the meeting

Alcon: no new PL

Alcorn Laboratories' Zincfrin should not be sold or supplied after January 31.

The Licensing Authority have refused to grant a reviewed product licence for the product, after the relevant advisory committees expressed concern over the safety and efficacy of phenylephrine for treatment of the symptoms of minor ocular allergies and irritation. Full credit will be unused, unexpired stock.

COMING EVENTS

After dinner AIDS

AIDS and the community pharmacist is the theme of a National Pharmaceutical Association regional dinner on February 12, at The Post House Hotel, Heathrow.

Speakers include Dr John Gallwey, a genito-urinary consultant at the Radcliffe Infirmary, Oxford, and Mr Clive Kitchener of the London Rubber Company, who will explain how condoms can prevent cross-infection.

On a lighter note Mr David Sharpe, PSNC chairman, will be giving the latest contract news.

Admission is by ticket only (£5.50 for NPA members, £7.50 for guests). Details are available from Mike King on 0727 32161.

A North-West first

The first National Pharmaceutical Association regional conference will be on April 5 for the North-West of England.

Subjects up for discussion include the new contract, Nuffield, and the Government's discussion document on primary healthcare. The venue is the Lord Daresbury Hotel, Warrington, Cheshire, and there will be a dinner for members and guests on the Saturday evening.

Monday, February 2

East Metropolitan Branch, Pharmaceutical Society. Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, E11 at 8pm. Dr M. Rogan, director of technical and regulatory affairs, Cooper Vision Ltd on "Contact lenses and contact lens care".

North Metropolitan Branch, Pharmaceutical Society. The School of Pharmacy University of London, Brunswick Square, WC1. Ms Kimby Hayes, Scholls training school on "Common foot ailments".

Tuesday, February 3

Barnet Branch, Pharmaceutical Society. Edgware General Hospital, postgraduate medical centre, at 8pm. Mr Turner of the Welsh School of Pharmacy on "Advances in wound dressings and associated materials".

Harrow and Hillingdon Branch, Pharmaceutical Society. joint meeting with the Harrow Division BMA, in the Foyer, Hinsworth Hall, Northwick Park Clinical Research Centre, at 7.30pm. Dr Mark Harries, consultant, cardiorespiratory department, Northwick Park Hospital and medical officer to the British Olympic Team, on "Sports Medicine". Buffet provided.

South West Metropolitan Branch, Pharmaceutical Society. joint meeting with SE Metropolitan branch at 7.15pm in the Nevin lecture theatre, St Thomas' Hospital. Dr J. Rees, consultant in respiratory medicine, Guy's Hospital on "Nebulisers in question". **Wirral Branch, Pharmaceutical Society.** at the Wirral postgraduate medical centre, Clatterbridge Hospital, at 6.45pm. Study evening "Recent developments in drug therapy". All branches welcome. Details from Mrs P. E. Jones, School of Pharmacy, Liverpool Polytechnic, Byrom Street, Liverpool L3 3AF.

Wednesday, February 4

Dumfries and Galloway Branch, Pharmaceutical Society. Dumfries and Galloway Royal Infirmary, 7.30pm. Society speaker on "Adverse drug reactions".

Sheffield and District Branch, Pharmaceutical Society. the lecture theatre, Jessop Hospital, at 8pm. Dr R. C. Spencer, consultant microbiologist on "New drugs for the same old bugs".

Slough and District Branch, Pharmaceutical Society. Wexham Park Hospital, 7.15pm. Mr J. F. Thorley on "Generic engineering".

Thursday, February 5

Bristol and District Branch, Pharmaceutical Society. postgraduate medical centre, Frenchay Hospital, 7.30pm. Dr P. Enderby, chief speech therapist on "Helping the disabled — communication with people with speech and language disorders".

East Kent Branch, Pharmaceutical Society. Kent postgraduate medical centre, Kent & Canterbury Hospital, Canterbury, at 8pm on "Homoeopathy".

Hull Branch, Pharmacists' Association. the post-graduate centre, Hull Royal Infirmary, Anlaby Road, Hull, at 7.45pm. A joint meeting with Hull medical Society. Mr David Morris, lecturer in surgery, Nottingham on "Hydatid Disease and its treatment".

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Enquiries to Mr D. Cock, Principal Pharmacist, Goodmayes Hospital on 01-590 6060 Ref. 6142

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Application form and job descriptions from Personnel Department, King George Hospital, Newbury Park, Ilford, Essex. Tel: 01-554 7197 (24 hour onsofone — please quote Ref. No.)

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Wellcome to new ABPI president

Mr David Godfrey, FPS, group director of the Wellcome Foundation Ltd, is to become the next president of the Association of the British Pharmaceutical Industry. He will take up his new office on April 10, succeeding Mr James Diamond of Beecham Pharmaceuticals, who has completed his two year term.

Mr Godfrey first joined Wellcome as a medical representative in 1956, after two years in retail pharmacy. After five years with Sterling Winthrop he rejoined the company in 1966 and was appointed to the Board in 1971 as chairman of Calmic. He subsequently became operations director of a number of regions embracing the UK, Ireland, Australasia and Southern Africa.

Mr Godfrey's Board portfolio was extended in 1985 to include responsibility for group marketing and chairmanship of



Wellcome Biotechnology Ltd. He became a director of Coopers Animal Health (Holdings) Ltd in the same year.

Mr Godfrey was elected to the ABPI's board of Management in 1970, and has served as a vice-president and as chairman of the Commercial Affairs Committee on two occasions since 1972.

The ABPI has also announced the appointment of Mr Terry Richardson, a director of The Boots Company, and Mr Ronald Wing CBE, FPS, Chairman of Sanofi UK Ltd, as vice-presidents. Mr Ian Wilson MPS, chairman of Pfizer Ltd, remains a vice-president for another term.

Kay Roberts wins again!

Harrow community pharmacist Mrs Kay Roberts has won the College of Pharmacy Practice Glyn Jones Award 1987.

She will use the £1,000 for an investigation into the treatment and detoxification of opiate misusers in various countries. In the UK Mr Roberts will study different treatment methods in London, Edinburgh, Liverpool and Cardiff. She had already planned to go to Nairobi for this year's Commonwealth pharmacist's conference, so will use the opportunity to study treatment methods there. She also intends to carry out surveys of pharmacist



involvement both in the community and in hospitals with drug dependence units.

In 1985 Mrs Roberts won the UK Clinical Pharmacists Association/May & Baker Community Pharmacy Award.

Numark — new golf venues

This year's Numark Chemist national golf tournament, sponsored by Nicholas Kiwi, will feature two extra regional finals. Ponteland and Prestwick.

The two new venues will each provide one qualifier for the final, with two qualifiers each coming from Rosemount and Moor Allerton, and three from each of the remaining venues.

Dates for the regional finals are as follows: Ponteland on May 28, with a maximum of 24 entrants; Moor Allerton on June 4, maximum 36; Knock on June 11, maximum 30; Rosemount on June 23, maximum 36; Prestwick on June 24, maximum 24; The Belfry on July 23, maximum 36; and Finchley golf club on August 31, maximum 30. The grand final will take place in Portugal, from October 29 to November 1, on the Palmares course in the Algarve.

Entry forms will be available from Numark wholesalers towards the end of February, and entries are accepted on a strict first come, first served basis.

Unichem has a new member on its Scottish Regional Committee. Una Horspool has run her own pharmacy in Dundee for ten years after service in hospital and general practice. She was president of the Dundee & East Scotland branch of The Pharmaceutical Society last year.

Addis Ltd have appointed five new executive directors, bringing the number up to 15. Christine O'Neill is marketing director for the housewares division; David Day has been appointed commercial director from sales and marketing manager for the commercial division; Ian Thompson is the management service director. Richard Jenkins has been appointed design director, and John Davey has been appointed sales director for health and beauty.

Stiefel Laboratories (UK) Ltd: Michael Hobbs has been appointed chief accountant (UK) with effect from February 1987. The company has also appointed Dr Stephen Bucknell, formerly senior development engineer at Perkin-Elmer Ltd, as technical manager of the Cutech instrument division.

Bronnley: Tom Grindley becomes sales manager for the UK. Formerly responsible for export, he has been with the company since July 1985. And Ron Parker is appointed export manager for the company. Mr Parker, formerly area manager for the West End, joined Bronnley in 1978 from Alfred Dunhill Toiletries.

Ashe Consumer Products Ltd: two new product managers are brought into the non-food sector; Shirley Mound assumes responsibility for the pharmaceutical and dietary divisions, and becomes product manager for the Sherley's range of pet care products. And Helen Stratton joins as product manager for the hair care and household divisions, responsible for the Vitapointe hair care brand, Vapona insecticides and Coopers.

Network Management Ltd: Colin Neville is the new sales director. He comes from Parfums Christian Dior (UK) where he was national sales manager. Graeme Riddick becomes the national accounts manager, coming from Beecham proprietaries. She joins from Smith & Nephew Consumer Products, where she was brand manager for the Nivea sun and bath care ranges.

Serono Laboratories (UK) Ltd: Bernie Ruszala has been promoted to the new post of general sales manager.

Bristol-Myers Co Ltd: Dr Brian Kane has been appointed chairman and managing director in the UK.

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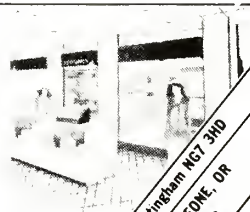
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